

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF  
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THE EXCITING AGENT IN SCARLET FEVER.—The *New York Medical Journal* quoting from a German contemporary, says: Gamaleia alleges to have isolated the exciting agent of scarlet fever in the form of a micro-organism belonging to a new class of colony forming animal parasites and called by him the *Synanthozoon scarlatinæ*. He has found it in the skin, the throat, the spleen, and the kidneys. Some of its forms correspond to the rosette-like formations described by Mallory and the chrysanthemum flowers of Prowazek.

FLANNELETTE.—The *Lancet* says: The difference between ordinary cloth and flannelette is that the latter has a nap which is obtained by "raising" one or both surfaces by passing it over revolving rollers provided with steel dents or teeth which draw from the surface a nap which forms a better non-conducting material for heat than the original cloth and which, therefore, gives a greater feeling of warmth to the person using it than does the "unraised" fabric. The impression is that this raised surface is a source of danger from fire, that it presents a sort of cotton-wool surface which readily catches fire and burns with considerable energy. It is generally believed that it is advisable for children's clothing to be made of woolen or a mixture of woolen and cotton fabric or of flannelette which has been treated so as to render it non-inflammable. There is nothing to be said against the proper employment of flannelette, for its non-conducting properties coupled with its porous character make it a most useful material for cold weather. It has not the disagreeable cold feel of ordinary smooth garments, a fact which has been appreciated by rich and poor alike. To the latter in particular the invention has been a real boon as supplying a warm and cheap garment for winter wear. All these points in its favor do not alter the fact that it is an easily inflammable substance. Adults may be expected to wear this material without running risks of setting it on fire but with children the case is different. Children do not know of these risks, and we have no doubt that there are instances of their getting burnt even when clad in a nightdress of ordinary non-fluffy material. The risk is, however, dangerously intensified when the material is fluffy, as is the case with flannelette.

**LIME IN TREATMENT OF CONVULSIONS.**—The *Journal of the American Medical Association*, in an abstract of an article in an Italian medical journal, says: Silvestri presents arguments and the results of experiences in various countries which demonstrate that the tendency to convulsions is apparently the result of a lack of lime in the nervous system. Experimental and clinical research seems to indicate that the convulsions of infancy and pregnancy, as well as epilepsy, are the results of deranged metabolism of lime with a permanent lack of sufficient proportions in the nervous system. On the other hand, eclampsia in certain cases is the direct and exclusive consequence, he is convinced, of a parathyroid affection. Experimental studies confirm and reproduce what is observed in the clinic. His experience with seventeen epileptics treated with lime sustains this view of its etiologic importance. He administered calcium hypophosphite, giving daily 1.5 Gm. (22.5 grains) for adults and one-tenth of this dosage for infants.

**SCARLET FEVER.**—The *Journal of the American Medical Association* says: The advantage of hot, or at least warm, water bathing in scarlet fever is well set forth by Dr. H. W. Rover, of Denver, in *Colorado Medicine*. He premises the discussion of the hot water treatment of this disease by the statement that "what the cold bath is to typhoid fever, the hot bath is to scarlet fever." The advantages of hot baths in this disease are that they hasten the completion of the eruption; quiet restlessness and prevent cerebral excitation; dilate the peripheral blood-vessels and increase heat radiation and diaphoresis, which is often absent in this disease; tend to prevent itching; relieve the congestion of the kidneys due to dry skin; make desquamation more rapid; and tend to remove, daily, the dry epidermis that, if not prevented by oily applications, will fly about and supposedly spread the contagion.

With a warm room and a bathroom handy there is no question that hot or warm water bathing in scarlet fever is an advance in the treatment of that disease. If a hot bath is not available, hot water sponging should be done daily. If, during the desquamative stage, much itching or irritation is present, or the skin is dry, rubbing in clean olive oil or some clean, diluted wool fat preparation is advisable.

While the patient may be sponged finally before he leaves the sick-room with some mild antiseptic solution, there should be no daily application of germicide, lest absorption and poisoning take place.

While there is some doubt whether the epidermal scales of scarlatina are the cause of the spread of the disease, until there is proof that such is not a means of propagation the patient should be isolated until scaling is complete, and, as Rover has emphasized, hot baths and inunctions of oil will hasten the completion of the desquamation.